

PART B - FEE(S) TRANSMITTAL

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29505 7590 05/16/2007

LAW OFFICE OF DELIO & PETERSON, LLC.
 121 WHITNEY AVENUE
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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FLILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/708,010	02/02/2004	Andrew J. Watts	BUR920030167US1	2009

TITLE OF INVENTION: COMMON SECOND LEVEL FRAME EXPOSURE METHOD FOR MAKING EMBEDDED ATTENUATED PHASE SHIFT MASKS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	08/16/2007
EXAMINER	ART UNIT	CLASS-SUBCLASS				
RUGGLES, JOHN S	1756	430-005000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 DeLio & Peterson, LLC

2 Peter W. Peterson

3 Richard M. Kotulak

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

International Business Machines Corporation Armonk, New York

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee

Publication Fee (No small entity discount permitted)

Advance Order - # of Copies _____

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A check is enclosed.

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The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 09-0456 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature EDP

Date 7/13/2007 7400.00 DA

Typed or printed name Peter W. Peterson

FE FC:1504 300.00 DA

Registration No. 31,867

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